

**Address by Minister for Health, Simon Harris TD
at the INMO's Annual Delegate Conference
Knightsbrook Hotel, Trim Co. Meath
10th May 2019**

President, Vice-Presidents, office-holders, members of staff of the INMO, members, colleagues, distinguished guests.

I want to thank you for inviting me to speak at this, the 100th Annual Delegate Conference in the Knightsbrook Hotel. I would like to thank the President for extending the invitation to me again this year.

I would also like to congratulate the INMO on reaching the century.

As I understand it, 100 years ago, 20 nurses and midwives met in Dublin to discuss their working conditions and took an historic decision to establish a trade union.

This was the first of its kind in the world. At its first conference, the then Irish Nurses Organisation declared ‘We are still only an infant and we will continue to grow’.

Indeed, the INMO has grown a lot since those formative years. It has evolved into an effective representative body for Irish Nurses and Midwives and here we all are 100 years on. Achieving this milestone gives us pause for thought on progress that has been made. Coincidentally 2019 also marks 100 years of Regulation for Nursing.

The INMO has a long and proud tradition of supporting the professional development of nurses and midwives. Your organisation has been providing post registration education programme since 1938, at the then Richmond Hospital. Today, at the same location and others around the country the INMO offers over 100 continuing professional development programmes for nurses and midwives.

I know the last year has been difficult. I understand you felt the need to enter in to dispute to make your points heard and you did not do so lightly.

I respect that, and we have heard you. I would like to thank your executive, your General Secretary, Phil, and her team for negotiating what I believe is a good deal for your members and for the continued development of the nursing and midwifery profession.

I truly believe the suite of proposals create a Framework for Nursing and Midwifery over the next decade and I look forward to working with you in bringing these proposals to life.

Since last year's conference, my Department has continued to address many of the longer-term challenges to make our health service become ever more effective for our people.

SLÁINTECARE

Our health service today is unrecognisable from where it was 100 years ago and under the direction of Slaintecare is on the cusp of a new era.

Nursing has always been at the forefront of the changes in our health service and it will be no different over the next 10 years.

Through nursing policy, through service development and delivery, through education and support from organisations such as the INMO, nursing is in a strong position to play a leading role in the changes ahead.

Fundamentally, the Sláintecare plan places the patient at the centre of a system which delivers care that is timely, free at the point of delivery, and provided at the most appropriate, cost-effective service level.

Since the publication of the implementation plan last year, Sláintecare has begun to come alive. We have: set up an implementation team and office within my Department; established the Sláintecare Implementation Advisory Council; and published the first of a series of Action plans to make the vision of Sláintecare a reality.

We are putting in place the building blocks for a transformation of our Health Service. Central to all of this will be meaningful engagement of the health workforce, to ensure ownership of this reform process and to achieve the desired outcomes for patients and service users.

The Sláintecare implementation plan is progressing well through a series of workshops hosted by Executive Director, Laura Magahy. The workshops so far have focused on how to deliver the decisive shift to primary care. They have covered a wide range of care areas including care of patients with chronic diseases and older people.

I am pleased to see them bring front-line clinicians, including nurses, together to share expertise and their vision of how to deliver integrated care to patients in the community.

The Chief Nurse's office, HSE and front-line clinicians have been immersed in these workshops to progress Sláintecare.

I can see there is progress being made in this work and interesting outputs, such as the importance of achieving a level of stability with community interventions for patients in the first 30-days following an acute event.

The evidence shows this can avoid unnecessary hospital admissions and inform the need for supportive services ensuring access to the right health care professionals, with the right skills at the right place at the right time.

This is Sláintecare all over.

The transformation we wish to deliver will not be achieved without the centrality of nurses and midwives.

I hope the importance I attach to your contribution can be seen by the strong nursing element in the membership of the Sláintecare Advisory Council, which includes: Ms Annette Kennedy President of the International Council of Nurses; Ms Joanne Shear CEO and President of Primary Care Transformation Experts LLC; and, of course, Mr Liam Doran, who needs no introduction here!

Sláintecare also incorporates a number of nursing policies developed by the Office of the Chief Nurse in my Department, working collaboratively with stakeholders including the HSE and the INMO.

One example of this is the policy on the development of Graduate to Advanced Nursing and Midwifery practice. This policy provides a Framework that enables nursing care to be delivered at graduate, specialist and advanced levels; responding to the spectrum of patient needs.

Recognising the considerable skills and education of our nurses and midwives, the policy recommends a reduction in the minimum regulatory time line to become an Advanced Practitioner (AP).

The first 124 candidate APs commenced their education programme in October 2017 in the areas of chronic disease management, older person care and unscheduled care. A further 40, including 10 for Child & Adolescent Mental Health Services, commenced in October 2018.

Early evidence shows a number of efficiencies including: increased capacity in outpatient clinics; reduced admission rates in EDs for patients with chronic diseases; and more than 11,000 patients were seen by APs in unscheduled care settings in the last six months of 2018.

We can see, when an initiative is embedded in the scheduled and unscheduled care programmes, nursing *actively* contributing to solving these challenges.

I fully expect we will achieve the target of 2% of our nursing and midwifery workforce practicing at advanced level.

LABOUR COURT RECOMMENDATION

This brings me back to the deal you have negotiated for your members which I believe is a good deal for nursing and midwifery and brings many opportunities for development.

The Labour Court recommendation describes a range of tangible and specific enhanced nursing practice measures which the Court view as the basis for a ‘fundamental change in the role of the Staff Nurse, which could be regarded as phase one of the development of nursing’.

It also describes how the development of a new Enhanced Nurse Practice salary scale will ‘begin a process of transformation of the profession’. This to me is key.

I share the concerns of the INMO that our health service needs to attract and retain talent in order to operate effectively and to thrive. I believe this Labour Court recommendation will help in this regard.

I hope positive changes in pay, conditions and professional development will encourage those who work here to stay and will help attract back those nurses that left the system in recent years.

The new Enhanced Practice Nurse and Midwife contract does deliver increases in pay, in particular, weighted to newer entrants to the profession.

It also facilitates nurses to practice to the full scope of their licence, acknowledging the role of the nurse in our health services. And it is an opportunity for our skilled workforce to embrace new technology and lead on innovative and different ways of delivering care - for example operationalising virtual wards.

The agreement will see improvements to a range of allowances, their extension to additional nurses and midwives, and a new allowance for those in medical surgical wards.

It also includes that commitment to increase the number of Advanced Nurse Practitioners to a minimum of 2% of the nursing workforce. Again, this contributes to the positive outlook for those pursuing a career in the nursing profession. There are clear roadmaps for career progression and the opportunities are increasing.

The implementation of the Framework on Safe Staffing and Skill Mix is also key to this agreement. The Labour Court Recommendation makes provisions for the continued national rollout of Phase I of the Framework.

The Government has of course accepted the Labour Court Recommendation and intends to commence implementation of the Safe Staffing Framework in 2019 with an allocation of €5 million. Funding is already in place for the 8 safe staffing coordinators to support the implementation plan.

The Phase 1 pilot of the Framework demonstrated significant positive results in patient outcomes and quality care, length of stay and, very importantly for the retention of nursing staff, an increase in job satisfaction of 30%. This went hand-in-hand with a reduction in agency use and absenteeism.

The development of the Framework has been led by nursing and I want to recognise the significance of patient and service impacts we have seen.

I understand that these trends continue in the pilot sites and I look forward to a further impact report due at the end of June.

The Phase 1 pilot also identified both the requirement and challenge of providing 1:1 patient care. This led to my support for the Enhanced Care Pilot, a structured and standardised approach to providing essential 1:1 care.

It has identified that it was not only possible to reduce in agency use, it has been possible to enhance the specific care requirements for patients requiring this type of care. And it is particularly welcome that this is a collaborative initiative with the CNO in Northern Ireland, which has now resulted in an All-Ireland policy approach.

I am pleased that the Phase 2 Pilot in the Emergency care areas is now underway. As you are aware, we are currently implementing phase 2 of the Framework on a pilot basis in 4 Emergency Care sites, the Mater, Cork University Hospital, South Tipperary General Hospital and Ennis Hospital Local Injury Unit.

The pilot sites give a good cross representation of our Emergency Care Areas across the Country and, as we are all acutely aware, these areas have a number of significant challenges.

I am hopeful this Phase of the Framework will help manage those challenges. The international evidence shows that having the appropriate nurse staffing and skill mix in place can directly impact on meeting targets for time to triage and time to be seen.

There are also other positive results. Timely medications, pain management and the detection of deterioration in patients all improve, and this directly affects patient outcomes like hospital length of stay. I look forward to publishing the report on Phase 2 later this year.

Phase 3 of the Framework will commence next month, with a focus on safe staffing and skill mix for older people's care and community care areas.

In the longer term, the Labour Court has also recommended the establishment of an Expert Review Group tasked with looking at the nursing profession as a whole and I can assure you this will have Trade Union representation.

SATU

I want to return now to an initiative I announced at your conference last year, when I committed to produce a policy review of Sexual Assault Treatment Units. This would not have happened were it not for individual INMO members who came to me to highlight the issue and I want to thank them here today.

This review was published last month. It found areas of excellence but also highlighted a number of issues which require urgent action.

I welcome the positive comments from the INMO and I accept that there is work to be done to ensure service improvements are delivered for both patients and staff.

I have approved all actions from the review and committed half a million euro this year to support its implementation.

I have also identified a senior accountable manager in the HSE and directed my Department to drive rapid implementation.

This began last month. I am happy to confirm that an implementation team is being set up to drive the achievement of the reviews actions and will meet for the first time this month and submit a report to me within six months of establishment.

This year alone:

- The number of forensic nurse examiners will increase from six to 15 and the numbers of forensic medical examiners will also increase by funding two additional training programmes.
- For the first-time ‘rapid responder’ forensic examiners will be able to travel to patients in their local unit if there are staff shortages.

- Small but significant improvements will be made to the look and feel of each unit so that patients' experience a brighter, friendlier, more functional space.
- A small number of senior decision makers will be appointed to drive these improvements.

Ultimately, I want SATUs to provide a holistic 'whole person' support for victims of sexual assault, which I know is also what you want.

Conclusion

I have finished with this as I think it is a real example of the very genuine advocacy of the INMO on behalf of patients and services.

I can see from all the work you all do that you are constantly striving to deliver safe, high quality and effective care.

The health service is always challenging. Of that there is no doubt. However, considering that, I am very grateful and reassured by the work that you do to keep our services and patients safe and well cared for.

I know it is International Nurses Day this Sunday. The theme for 2019 is: Nurses – A Voice to Lead - Health for All. In Ireland, I want to work with you, as health leaders (who certainly have strong voices), to deliver this vision through Sláintecare.

Your work, your contribution and commitment to our patients reflects the breadth of nursing in reaching all areas of health care. I hope that you get some time this week to celebrate yourselves and the work that you do.

Go raibh míle maith agaibh.